PART B - FEE(S) TRANSMITTAL	PART B	3 -	FEE(S	TRANSMITTA	T.
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02-06-06

Complete and send	this form, together wit	h applicable fo	ee(s), to: <u>Mail</u> or <u>Fax</u>	P.O. Box 1450 Alexandria, Vi	JE FEE for Patents rginia 22313-1450				
יייו	O)	smitting the ISSU	E FEE and PUB	BLICATION FEE (if required). Blocks 1 through 5 should be completed where atton of maintenance fees will be mailed to the current correspondence address as ew correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for					
appropriate All further co	respondence including the lector or directed otherwise ons.	ratent, advance or in Block I, by (a)	ders and notificat specifying a nev						
BANNER & WI TEN SOUTH WA SUITE 3000 CHIAGO, IL 6060	Note: A certificate of mailing can only be used for domestic mailings Fee(s) Transmittal. This certificate cannot be used for any other accompa papers. Each additional paper, such as an assignment or formal drawing, have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the U States Postal Service with sufficient postage for first class mail in an envaddressed to the Mail Stop ISSUE FEE address above, or being fact transmitted to the USPTO (371) 273-2885, on the date indicated below.								
						(Depositor's name)			
						(Signature) (Date)			
APPLICATION NO.	FILING DATE		TRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
09/450,384	11/29/1999		MARK A. MA		11141.80952	7554			
APPLN. TYPE	ELEPHONE WIRE DISTRII								
nonprovisional	SMALL ENTITY YES	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
·				\$0	\$700	03/07/2006			
EXAM		ART UNI	<u>r </u>	CLASS-SUBCLASS					
· · · · · · · · · · · · · · · · · · ·	OI, RASHA S e address or indication of "Fe	2642		379-339000		·			
"Fee Address" indicate PTO/SB/47; Rev 03-02 (Number is required.	tion (or "Fee Address" Indicator more recent) attached. Use	ion form of a Customer	or agents OR, a (2) the name of registered attom 2 registered pat listed, no name	a single firm (having as ney or agent) and the na- ent attorneys or agents. I will be printed.	a member a 2	& Witcoff, Lt			
PLEASE NOTE: Unless	RESIDENCE DATA TO BE an assignee is identified bel	ow no acciones d	ata will appear o	the motent. If an assis	mee is identified below, the do	comment has been filed for			
recordation as set forth in	37 CFR 3.11. Completion o	f this form is NOT	a substitute for fil	ing an assignment.	nee is identified below, the do	cument has been filed for			
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Etcon	Corporation		Bur	Ridge, II		•			
	assignee category or categori				Corporation or other private gro	up entity Government			
4a. The following fee(s) are	enclosed:		Payment of Fee(s): amount of the fee(s) is e					
	mall entity discount permitted			amount of the fee(s) is e edit card. Form PTO-203					
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0733 (enclose an extra copy of this form).						
5. Change in Entity Status	(from status indicated above) MALL ENTITY status. See 3				ALL ENTITY status. See 37 CF				
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	is requested to apply the Issue ablication Fee (if required) wi rds of the United States Paten	Fee and Publication in the second second in the second sec	on Fee (if any) or from anyone other office.	to re-apply any previous than the applicant; a reg	ly paid issue fee to the applicat sistered attorney or agent; or the	on identified above. assignee or other party in			
Authorized Signature	W-A. Vi			Date	February 3, 20	006			
Typed or printed name	William J. K	Lein		Registration	1 No. 43,719				
				nin or retain a benefit by a is estimated to take 12 e individual case. Any conficer, U.S. Patent and MS TO THIS ADDRES	the public which is to file (and minutes to complete, including omments on the amount of tim I Trademark Office, U.S. Depar S. SEND TO: Commissioner for displays a valid OMB control r				
PTOL-85 (Rev. 07/05) Appr	oved for use through 04/30/20	007.	OMB 0651-003	3 U.S. Patent and Tra	demark Office; U.S. DEPARTI	MENT OF COMMERCE			

Complete if Known

09/450,384

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Application Number

Effective on 12/08/2004.

Effective on 12/08/2004.

Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

FEB 0 3 2006 TO	r FY 2	2005	Fi	ling Date	11/29/199	9			
First Named Inventor Mark A. Mars									
Applicant claims small entity status. See 37 CFR 1.27 Examiner Name Rasha S. Al Aubaidi									
		rt Unit	2642						
TOTAL AMOUNT OF PAYMENT (\$) 700.00				ttorney Docket No.	011141.80	011141.80952			
METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):									
Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee									
☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments									
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, S	SEARCH, AN	D EXAMINATION	FEES						
•	FILING		SEARCI			ATION FEES			
Application Type	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200 EEES	100	0	0	0	0	Small Entity		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
Each claim over 20	(including Rei	ssues)				50	25		
	Each independent claim over 3 (including Reissues) 200 100								
Multiple dependent claims 360 180 Total Claims Extra Claims Fee(\$) Fee Paid (\$) Multiple Dependent Claims									
- 20 or HP= x = Fee Paid (\$) Fee Paid (\$)									
HP = highest number		aid for, if greater than 2							
Indep. Claims	Extra (=	_	ee Paid (\$)					
	3 or HP= x =								
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
	00 =			p to a whole num			=		
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Issue Fee 700.00									
SUBMITTED BY	<u> </u>	04		Pagistration No.					
Signature	<u> </u>	~Vei		Registration No. (Attorney/Agent)	43,719	Telephone	312-463-5000		
Name (Print/Type)	William J. K	(lein				Date	02/03/2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.